MCG Today

Medical College of Georgia, Winter 1983, Vol. 12, No. 4, USPS 867340

Innovations in heart research

BEHIND THE LINES

You can feel the excitement throughout all parts of the campus this month as we welcome our new president, Dr. Jesse L. Steinfeld, to MCG. As he moves into the president's office and assumes the responsibilities of leading a great medical university, his spirit of enthusiasm is contagious. He is eager to get to know MCG alumni. Columbus and Macon medical school alumni have changed their dates in order to include him in their regional meetings.

There are many changes on the horizon such as the degree of governmental involvement. For example, the new system of Medicare hospital payment rates by DRGs creates the potential for many problems. With his background in government as a former surgeon general, in academic medicine as a teacher and in the public sector as deputy director of the National Cancer Institute, he is well qualified to handle these changes and turn them into opportunities.

Dr. Steinfeld is preparing to meet these challenges by arming himself with information. He has appointed a group on campus to collect information about the college and the various publics we serve. He will use this information to develop a master plan for advancement for the five schools, the hospital and other operational units. As changes occur in many forms in medicine and health education, MCG will be ready to respond to those changes.

In this issue you will learn about some valuable research and education in cardiology that goes on at MCG in "From black boxes to genetics: MCG fights heart disease" by Mandy Roth.

Do you know about an important drug information service available to you? Then read John Donnelly's report on "MCG's Drug Information Hotline."

Is anyone doing anything about the alarming problem of world overpopulation? Read staffer Julia Thornton Wilson's account of the work being done by Dr. Virendra Mahesh. Julia, by the way, is the recent bride of an MCG medical student, Britt Wilson.

JCA

MCG Today

Vol. 12, No. 4, USPS 867340

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MCG Today (USPS) is published quarterly. It is sponsored by annual grants from the MCG Foundation, Inc., and is produced by the Division of Institutional Relations, Medical College of Georgia, Augusta, Georgia. Second-class postage is paid at Augusta, Georgia

MCG Today is furnished to alumni and friends of MCG without charge. Letters to the Editor are welcomed. Class notes items should include name, degree and year of graduation of alumnus. POSTMASTER: Send address changes to *MCG Today*, 1120 Fifteenth Street, EA-100, Augusta, Georgia 30912

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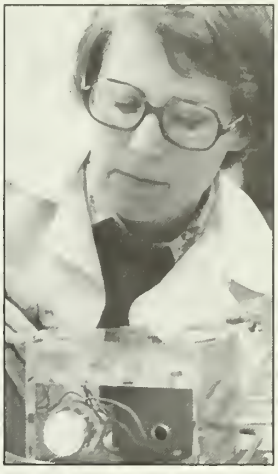

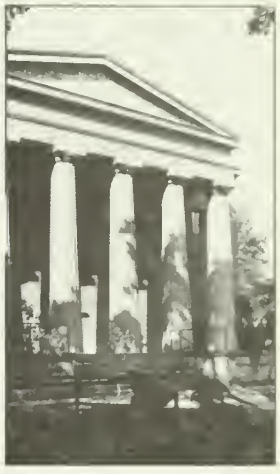

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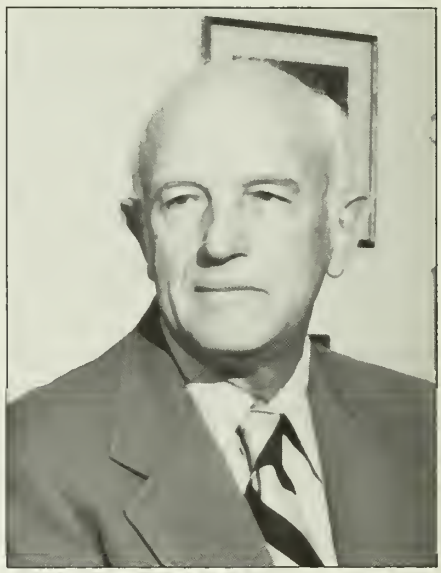
CAMPUS NEWS

Dr. R. A. Acree

John C. Hagler III



Dr. William H. Moretz

MCG Foundation elects new members

Three new members have been elected to the Board of Directors of the Medical College of Georgia Foundation, Inc. They are Dr. R. A. Acree, John C. Hagler III and Dr. William H. Moretz.

Acree owns Memorial Hospital in Adel, Georgia. He received his A.B. degree from Valdosta State College and the M.D. degree in 1960 from MCG. He interned at Walter Reed Army Medical Center in Washington, D. C., from 1960 to 1961 and then served in the U. S. Army at Martin Army Hospital in Columbus from 1961 to 1963. Acree entered private practice in Hahira, Georgia, and remained there until 1980 when he purchased Memorial Hospital. He is married to the former Lucilla Keigans and they have three children.

Hagler is Chairman of the Board of GIW Industries, Inc., the parent company of Georgia Iron Works and several other companies. He is also president and treasurer of Winfield Hills, Inc. and treasurer of P.L.H. Investments, Inc. He is a member of numerous civic and professional organizations and serves as president of Georgia Trust for Historic Preservation and vice-president of the Richmond County Historical Society.

A native of Augusta, he received his B.S. degree from the University of Georgia in 1946. His wife, Dr. Mary Anne T. Hagler, is an Augusta physician. They have three children.

Hagler has filled the unexpired term of board member James C. Johnson since 1980.

Moretz formerly served as an ex officio member of the board while he was president of MCG. When he retired in July he was elected a regular member. Moretz received his B.S. degree from Lenoir Rhyne College and the M.D. degree from Harvard Medical School. He interned at Strong Memorial Hospital, then served in the U.S. Army from 1944 to 1947. He had academic appointments at the University of Rochester School of Medicine and the University of Utah College of Medicine and at MCG. He served as president of MCG from 1972 to 1983. He has served on several national committees and is a member of numerous professional societies.

Talmadge Hospital to be site of new nursing project

Talmadge Hospital, working with the University of South Carolina in Aiken, has been selected to serve as a demonstration site for a major new regional nursing project.

Six institutions in the Southeast have been selected to serve as a demonstration site for a major new regional nursing project.

Six institutions in the Southeast have been chosen for the three-year program being funded by the W. K. Kellogg Foundation. They are part of a regional effort to bridge the gap between associate degree nursing education and practice.

According to Katherine Rufo of Talmadge's Staff Development Office, USC-A and Talmadge's Nursing Service will provide a series of workshops for teams of associate degree nursing educators and nursing service representatives who work with AD students and graduates.

She said the workshops will provide opportunities to identify successful methods of preparing associate degree graduates and a forum to determine expected competencies of students and graduates.

The Southern Regional Education Board, as the regional center, will prepare publications and conduct a series of conferences to address some of the major issues related to associate degree nursing education and the transition of graduates from academic to work settings.

CAMPUS NEWS

Gracewood laboratory named for Dr. Hall, MCG researcher

Dr. W. Knowlton Hall, professor emeritus in the Department of Cell and Molecular Biology at MCG, has had the metabolic evaluation and research laboratory at Gracewood State School and Hospital named in his honor by the Georgia Board of Human Resources. Hall served as director of the Laboratory from 1961 until 1980 and continues to serve as a consultant to the laboratory.

He was instrumental in founding the laboratory in 1961 as a joint operation of Gracewood and MCG while serving as chairman of the Department of Biochemistry at MCG.

One of his major research interests has been inborn errors of metabolism which often lead to mental retardation.

Faculty Senate honors five members for medical excellence

Five Distinguished Faculty Awards were presented by the School of Medicine Faculty Senate during the medical school's faculty assembly in May. The ceremony was highlighted by Dean Fairfield Goodale's State of the School Address.

Dr. John Fisher, associate professor of medicine, received the Distinguished Faculty Award for teaching. He was cited for his excellence as a teacher, serving as a role model for numerous students.

The Distinguished Faculty Award for research was presented to Dr. John T. Wilson. Wilson is an associate professor in the Department of Cell and Molecular Biology. He was presented the award in recognition of his work with DNA.

For his work in faculty organization and administration, teaching, research and patient care, Dr. Terrence T. Kuske received the Distinguished Faculty Award for institutional service. Kuske is associate dean for curriculum, professor of medicine and associate director of the Georgia Institute of Human Nutrition.

The Outstanding Young Faculty Award was presented to Dr. Richard C. Treat. Treat organized the state designated shock-trauma center for this region and developed a strong burn unit.

Dr. Wayne D. Beveridge, assistant professor of surgery (neurosurgery), received the Distinguished Faculty Award for patient care. His dedication to obtain optimal care for his and other patients was cited.

New pediatric ICU established at Talmadge

A Pediatric Intensive Care Unit equipped to care for children with critical medical and surgical problems has been established at Talmadge Hospital.

The unit was established in response to the need for additional facilities in the state and region for sophisticated care for the critically ill or injured child, according to Dr. Albert W. Pruitt, chairman of the Department of Pediatrics.

Medical director of the new unit is Dr. Curt Steinhart who joined the MCG faculty in July. Dr. Steinhart came to the Medical College from Children's Hospital National Medical Center in Washington where for the past two years he has been serving a fellowship in pediatric critical care.

Dr. Steinhart received his MD degree from State University of New York at Buffalo School of Medicine and served his residency in pediatrics at University of South Florida Affiliated Hospitals in Tampa.

The PICU is staffed round-the-clock by two physicians who specialize in pediatric intensive care, nurses with training in pediatric intensive care and pediatric residents in training. The unit is also supported by additional subspecialty attending staff who provide highly trained back-up in such areas as pediatric cardiolgoy, pediatric surgery, neurology and neurosurgery.

(L-R) Dr. Albert Pruitt, Dr. Curt Steinhart, Judy Catz, R.N.

More than $100,000 in new monitoring equipment will be used in addition to equipment formerly used in the hospital's Pediatric Maximum Care Unit. Dr. Pruitt said the new monitors have the capacity to measure multiple functions concurrently, including blood pressure, temperature, intracranial pressure, venos pressure and electrocardiogram. Trends covering 24-hour periods can be provided.

Judy Catz, RN, has been named head nurse of the new PICU.

CAMPUS NEWS

Kanto named chairman of Georgia MIH council

Dr. William P. Kanto Jr., chief of the section of neonatology, has been named chairman of the Georgia Council on Maternal and Infant Health.

The 17-member council was created by the General Assembly in 1972 to study and make recommendations to improve the health of infants and pregnant women.

Georgia ranked 49th in infant mortality in 1981 and its low birth weight rate has not decreased significantly in 25 years.

Kanto said the new challenge of the 1980s is to focus on methods of prevention. "Renewed emphasis on prenatal care and the importance of lifestyle should prove to be more cost-effective than relying on expensive technology to save high-risk women and infants."

Dr. Ellison named Ga. Lung Association President-elect

Dr. Lois Ellison, provost at MCG, was named 1983-84 president-elect for the Georgia Lung Association at the group's annual meeting. This means Ellison will be president of the Georgia association in 1984-85.

She is currently serving her fourth three-year term as the Georgia representative on the Board of Directors for the American Lung Association. In addition, she was elected in May to serve a second term as secretary of the national organization.

Med tech team wins seventh state bowl competition

The Medical Technology Student Bowl Team from the Medical College of Georgia won first place in recent state competition, defeating teams from Columbus College and Emory University, at the Academic Student Bowl. The event, sponsored by the Georgia Society of Medical Technology, was held in Greenville, S. C. The contest was based on knowledge of subjects such as microbiology, chemistry, blood banking and hematology.

Students on the MCG team are: Linda Robert, team captain; David Bussey; Samir Mohammed; Anita Marchman; and Donna Sewell, all seniors in the Medical Technology Program. Ann Anderson, Medical Technology Department Chairman, is faculty team coordinator.

Educator gathers information to aid British nurses

Talmadge was one of the hospitals visited by Maureen Lahiff of the University of Surrey in England on a 10-week visit to hospitals and schools of nursing in the United States. She studied staff development concepts formulated for Talmadge Hospital's nursing personnel for possible adaption for use in the continuing education of British nurses.

Lahiff was here specifically to learn more of the hospital's Computer Assisted Instruction programs which have been coordinated by Lou Pogue of Staff Development. "The nursing program in England is many years behind that of MCG. There is so much more to work with here," Lahiff said.

She said one of the major differences in nursing in the two countries is the fact that only a minority of British nurses have baccalaureate degrees.

Barreras named adjunct social work instructor to University of Georgia

Charles Barreras, director of the Department of Social Work at Talmadge Hospital, has been named adjunct instructor in social work at the University of Georgia.

The appointment strengthens the association between the hospital and UGA's School of Social Work, according to Barreras. He said efforts are underway to have Talmadge Hospital established as a place for field training for UGA social work students.

Bennett is named chairman of MCG nursing department

Dr. Gerald Bennett was named chairman and associate professor of the Department of Mental Health Nursing at MCG in July. He came to MCG from Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, where he was instructor in nursing from 1977 to 1980 and assistant professor of nursing from 1980 to present.

Bennett received his BSN from MCG; his MSN in psychiatric nursing from Case Western Reserve University, Cleveland, Ohio; and his Ph.D. in nursing from the University of Texas at Austin.

Emeritus status conferred on Harmses at their retirement

Dr. William Stassen Harms and Barbara S. Harms, faculty members of MCG, received Associate Professor Emeritus titles following their retirement on June 30. The titles were conferred by action of the Board of Regents of the University System of Georgia. The husband and wife faculty members have a combined total of 40 years service to the Medical College.

Dr. William Harms served as assistant professor from 1955 to 1974 and as associate professor in the Department of Cell and Molecular Biology from 1974 until his retirement.

Hospital receives three-year accreditation from the JCAH

Talmadge Hospital has been given a three-year accreditation by the Joint Commission on the Accreditation of Hospitals.

Accreditation by the joint commission, a non-profit association, assures the hospital's patients they are being provided the highest quality care, according to Assistant Hospital Administrator, Jerry Cunningham.

The new president of MCG

Dr. Jesse L. Steinfeld, researcher, physician, teacher, administrator, has added another title to an already impressive list of accomplishments. He is now the fifth president of the Medical College of Georgia.

A native of West Aliquippa, Pennsylvania, Steinfeld has been dean of the Medical College of Virginia School of Medicine for the past eight years. He and his wife, Gen, have three daughters.

One of the new president's goals for MCG is to compete more successfully for federal grant dollars. Research is a topic close to his heart. His interest in research began during his residency in medicine at the University of California Hospital in San Francisco in the Laboratory of Experimental Oncology. His research in cancer led him to work with the National Cancer Institute and become its deputy director in 1968.

Another of his favorite causes is preventive medicine. He is adamant in his objections to smoking and as U. S. surgeon general from 1969 to 1973 he strengthened the warning on cigarette packages. He says that cigarettes and drinking are the top health hazards in the country.

He has held many academic appointments, including professor of medicine and oncology at Mayo Medical School from 1973 to 1974. He also held positions at George Washington University School of Medicine, the University of Southern California School of Medicine and the Veterans Administration Hospital in Long Beach, California.

Graduating with highest honors from the University of Pittsburgh in 1945, he earned his medical degree from Western Reserve in Cleveland, Ohio. His internship was at Cedars of Lebanon Hospital in Los Angeles. He also did a residency in medicine at the Veterans Administration Hospital in Long Beach, California, and a postdoctoral fellowship in the medical sciences with the Atomic Energy Commission. He was certified in 1958 by the Board of Internal Medicine.

His administrative responsibilities have included: director of the radioisotope laboratory at the National Cancer Institute from 1954 to 1958; member of the editorial board of Cancer Research from 1965 to the present; chief of the U. S. delegation to the 23rd, 24th and 25th World Health Assemblies; and associate editor for Medical Pediatric Oncology from 1974 to present.

Backed by this wealth of experience as he began his new presidency this month, the first thing Steinfeld has done is to ask questions, hundreds of questions, of deans, staff, students and community leaders: what does MCG stand for in the eyes of the public, what services does MCG render to the state, what are the needs to be met?

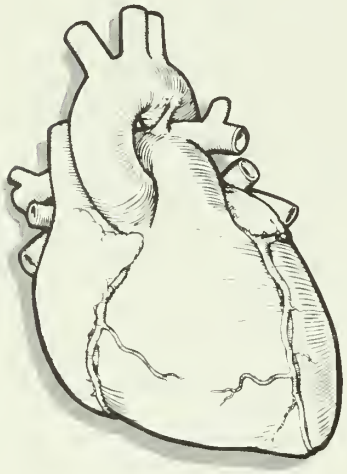
Steinfeld gives the impression that he will be a very accessible president and that he has great achievements in mind for the Medical College of Georgia.

Editor's note: See the next issue for an interview with President Steinfeld. ■

MCG fights heart disease

From black boxes to genetics

by Mandy Roth



What impact has the Medical College of Georgia had on modern health care? What effect will MCG graduates and current research have on the future of medicine?

Although important, these questions are impossible to answer considering the contributions made in the lifetime of a health sciences university. However, it is possible to examine some of the ways a particular type of patient has benefited from developments made at MCG.

There are three elements essential to the vitality of an academic health care institution: teaching, research and patient care. The following article depicts how these components interconnect over a period of time, through a variety of disciplines, to improve the lives of cardiac patients. This story by no means illustrates the many important contributions to cardiology made at MCG, but offers a glimpse into some significant developments.

YESTERDAY: Development of an instrument changes the course of patient care

More than 50 years ago, an MCG physiologist developed an instrument which revolutionized the care and treatment of the cardiac patient.

This instrument has provided a basis for many aspects of cardiology and critical care medicine and made possible procedures which are taken for granted today: cardiac catheterization and many types of thoracic surgery. It is described in an exhibit on display at the MCG Alumni House as the "basic work which paved the way for modern heart surgery."

The Hamilton manometer, developed by Dr. William F. Hamilton, was the first instrument which made it possible to measure intravascular pressure. Hamilton came to MCG in 1934 as professor and chairman of physiology and pharmacology.

The manometer appears to be a complicated instrument — a tangle of metal tubes, black boxes, wheels, pulleys and photographic graph paper. The principle it operates on is quite simple: pressure is transmitted from within the body to the manometer which then records the measurement. The process begins with a needle or catheter inserted into an artery, vein or the heart. The pressure within the vessel is transmitted to a metal membrane in the "guts" of the instrument. The greater the amount of pressure, the greater the movement of the membrane. The membrane rises and falls in direct relation to the variance of pressure within the vessel. A light source is focused on a mirror attached to the membrane. As the membrane moves, the mirror also moves, deflecting the pinpoint of light. The deflected light is captured by another set of mirrors which focus the image onto a rolling stream of light-sensitive paper. The result is a lengthy graph, recording the fluctuation of the internal pressure.

"It was a simple principle but had never been done before," says Dr. Lois Ellison, MCG provost, who worked with Hamilton and used the instrument in the 1950s. "In 1950 there were not many cardiac problems that could be helped by surgery," recalls Ellison. "There was no way to diagnose or confirm clinically certain conditions." The Hamilton manometer, she says, was instrumental in confirming diagnoses and indicating whether the patient had a condition which could be corrected with surgery. In addition, the development of this instrument "opened huge areas of investigation."

Hamilton garnered an international reputation for the device which was shipped all over the world from MCG and subsequent research he and others were able to perform through its use. The January 9, 1961, issue of "Modern Medicine" hailed Hamilton for his contributions and described

Dr. Lois Ellison recalls using the Hamilton manometer

some of the developments made by use of his manometer: "The usefulness of this instrument was brought into focus by the brilliant work of Cournand and Richards, who received the Nobel Prize for showing that cardiac catheterization is a safe and useful procedure for measuring the output of the heart, for pinpointing valvular incompetence and stenosis, and for localizing shunts between the cardiac chambers and between the great vessels. The two-man team quickly recognized that the Hamilton manometer was well adapted to recording the quick fluctuations in pressure transmitted from the heart to the manometer by way of the catheter. With these diagnostic procedures, the cardiac surgeon has a more definite knowledge of the location of a defect causing congenital heart disease and how the defect can be mended. Equally, if not more important, is the increased accuracy that experience with catheterization has given to methods of diagnosis with the stethoscope, fluoroscope, and roentgenogram."

Hamilton described his invention in considerably less elaborate terms in the Nov. 10, 1949, issue of the student newspaper "The Cadaver": "This device is for plumbers like myself. It is simple in structure and accurate as h---; it does not require a corps of electrical engineers to keep it in running order as do the new fangled electronic devices." Eventually, a "new fangled" electronic device was invented to do exactly what Hamilton's manometer did. The advantage of the new instrument was convenience.

"When electrical transducers to measure intravascular pressure became available, we were hesitant to mention it to Hamilton," says Ellison. Although colleagues were interested in the new device, they kept their mouths closed for fear of offending the prominent physiologist.

In a surprising twist, "Hamilton came to us," says Ellison. He had heard about the new instruments and said, "Let's get one." "He was as excited as we were. The pressure tracings with his manometer were as beautiful and accurate as any pressure readings (using the new method)," she recalls. But the convenience of the new instrument won out and Hamilton's manometer was pushed to a corner of the room.

Hamilton was awarded emeritus status upon his retirement in 1960. He remained active in research and teaching until his death in 1964. Although his invention is obsolete, his efforts provided a basis for modern methods of treatment and care for today's cardiac patient.

TODAY:
On the forefront of the new technology in teaching

A 47-year-old farmer is being examined for heart problems by a medical student.

"Where does it hurt?"

"Well, it's kinda located in the center of my chest and under my left breast," the patient replies. The student continues the examination. Suddenly the patient complains of severe chest pain. Sounds of irregular heartbeats fill the room. The student orders an x-ray.

A chorus of "booing" is heard. The student ordered an unnecessary test.

"It took over 40 minutes to obtain the x-ray and develop the film, valuable time that should have been used to begin therapy on this critically ill patient," chides a professor.

Besides wasting time, this procedure wasted money. A cost overrun is provided to the student. The treatment continues and the student orders a drug — propranolol — to be administered.

"Whoa!" exclaims the professor. This nearly kills the patient. The student is given a second chance.

"Zap him, shock him," the student urges.

"Your choice was a good one," answers the professor. Bells ring in confirmation. The student continues and completes the examination. When the student finishes, he receives a grade of 33 percent (out of a possible 100) and discovers he's ordered $381 of unnecessary tests.

Something unusual is happening here; this is clearly not a typical patient examination. But the patient won't foot the bill or suffer as a result of the student's lack of knowledge. With the flip of a switch, the patient and professor disappear into the memory banks of Dr. Abdulla Abdulla's computer system and the student goes home for the day.

Abdulla, an associate professor of medicine at MCG, uses the computer system to teach cardiology to medical students. He is an innovator, forcing academic medicine at MCG into the computer age. He invented the system because "patients don't show up in the emergency room with the answers stamped on their chests. I did not like the idea of medical students tested using a multiple choice format. It alters the thinking process."

Writing essays is a useful way to determine whether a student understands material, says Abdulla, but is a time-consuming process for the teacher and student and "can't be objectively evaluated." He decided a computer was the "obvious solution." The computer can play the role of a patient and professor alternately, actually describing symptoms and complaints at the push of a few buttons one moment; in the next, praising, chastising or guiding the student as a professor would. He stresses that the system is not a total replacement for traditional teaching methods, but rather a useful addition.

The physician tried to obtain a grant to fund his project about five years ago, but because he had no prior experience with computers, he ended up providing the funds himself.

He credits biomedical engineer John Henke of Augusta's Veterans Administration Medical Center and former MCG student Fred Weitz with providing essential skills and information to develop the system which includes a microcomputer, slide projector and cassette tape recorder. The latter were added as "eyes and ears" to the system. He feels these elements help to keep the students interested.

He also maintains interest by presenting the material in an amusing manner. Correct answers receive the sound of bells; wrong answers elicit "booing." The computer understands language like "Zap him!" which means applying a brief shock to restore a normal heartbeat.

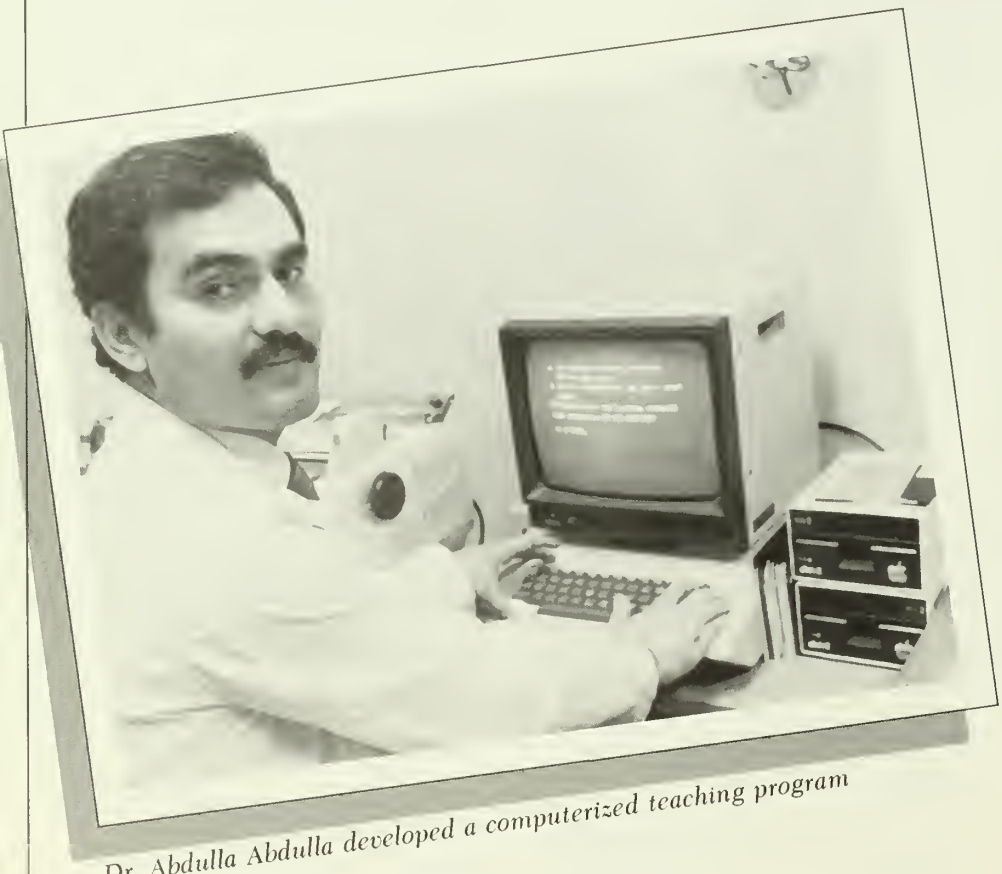
Another important element of the system is the cost-awareness component.

"The cost of medicine is spiraling," says Abdulla. "Students were not taught to be cost-effective in the past. Somebody has to say, 'Hey! This has got to stop' " He points out, however, that treatment improving patient care can be justified, even if it is expensive. "Expensive tests that are unnecessary are what I'm against. As a teacher, it's my responsibility to produce cost-effective physicians."

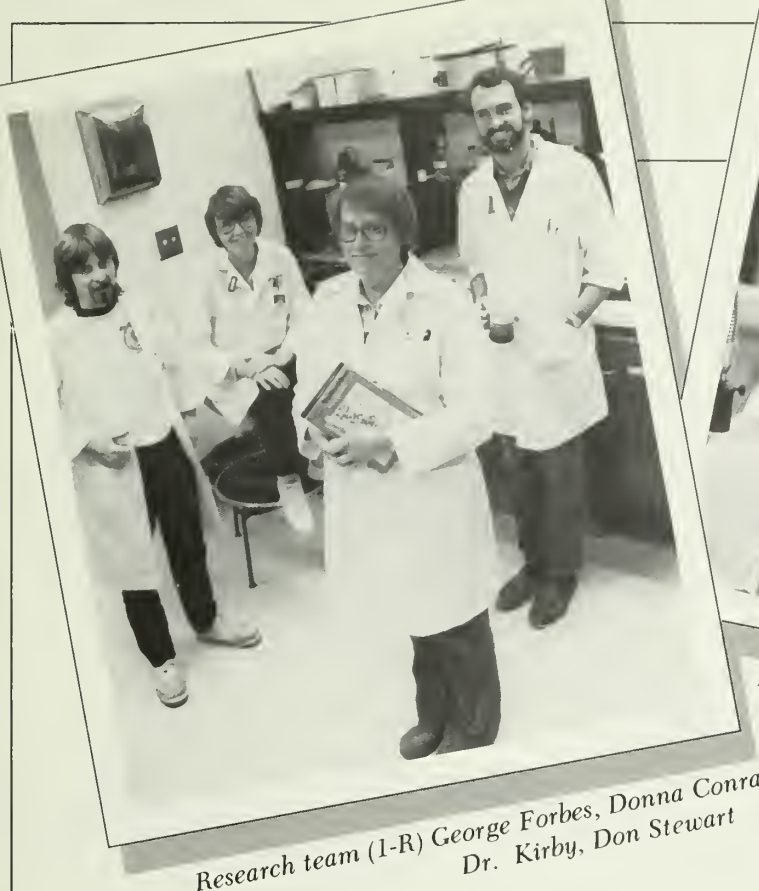
"Few attending (physicians) would consider that in their teaching," says Bill Davis, a former student who used the system and feels it increased his awareness of medical expenses. He also praises this mode of teaching medicine. "The selection of material is very good. It's the closest simulation of a clinical situation — with the sights and sounds — that I know of." Another student comments: "It's a fun way to learn."

The system can be converted to areas of medicine besides cardiology and even fields unrelated to medicine, says Abdulla. Several medical schools have expressed an interest in adapting the system to their own needs including the University of Miami and the University of Southern Illinois. In addition to teaching medical students with computers, Abdulla has been offered an opportunity to expand his horizons. He has received a grant from the Georgia chapter of the American Heart Association to develop an advanced cardiopulmonary resuscitation computer course for nurses, physicians and paramedics. And that's not all: he's received another grant to develop computerized continuing medical education courses which will be offered through the Chicago-based journal "Physicians and Computers."

How does it feel to be on the forefront of the new technology in medical education? "We're going to be busy," he says.



Dr. Abdulla Abdulla developed a computerized teaching program



Research team (1-R) George Forbes, Donna Conrad, Dr. Kirby, Don Stewart

Dr. Kirby conducts heart research on chicken embryos

TOMORROW:
Breakthrough research holds promise for future patients

A host of cardiac abnormalities in newborns may be prevented in the future due to breakthrough research at MCG last spring.

MCG researchers have identified a component essential to the healthy development of the heart which may lead to prevention of many congenital heart abnormalities. Until now, the cause of these heart malformations was unknown.

Dr. Margaret L. Kirby, associate professor of anatomy at MCG, was able to duplicate many heart abnormalities found in newborns by removing neural crest cells from the developing nervous systems of chicken embryos.

Kirby's research was reported in the June 3 issue of "Science" magazine in a paper co-authored by Dr. Thomas F. Gale, associate professor of anatomy, and graduate teaching assistant Donald E. Stewart.

The neural crest is an area of cells formed on either side of the embryo's developing nervous system. As the organism matures, the cells migrate throughout the body, contributing to parts of the nervous system and neurally related elements. "These cells are also responsible for the development of your face," says Kirby. Structures it helps to form include the eyes, nose, ears, mouth and palate.

Kirby began her research with funds from the Georgia Heart Association and later a National Institutes of Health grant to identify which neural crest cells migrated to the heart. In order to trace their movement, she transplanted this component from quail embryos into chicken embryos. The transplanted quail cells were easily distinguished from other cells in the chick body.

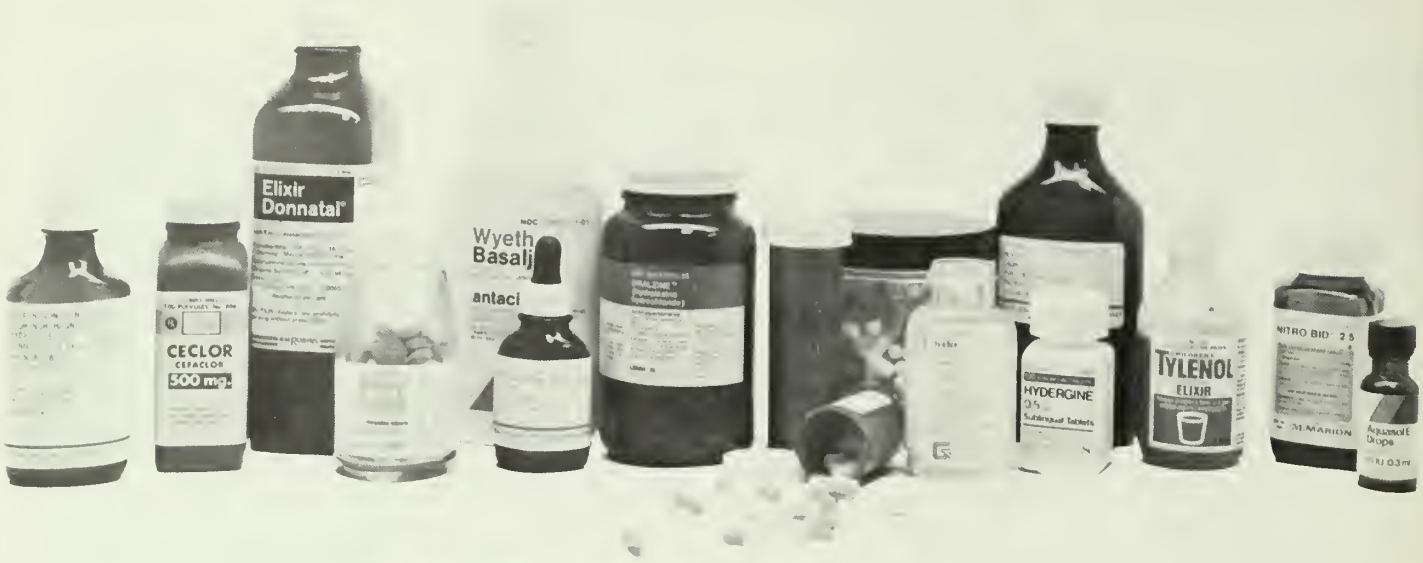
She found that there were two types of neural crest cells which migrated to the heart; the first type was responsible for its supply of nerves. "Unsuspected was the second type of cell that was found all through the outflow tract of the heart," she says. The outflow tract includes the aorta and pulmonary arteries, areas often involved in congenital heart defects.

Once she pinpointed which cells in the neural crest were responsible for innervation to the heart, she began a second experiment. These particular cells were removed from the embryo and not replaced with a transplant. Examined four to 14 days after the excision, "all the hearts had developed abnormally," says Kirby.

"We produced many of the outflow defects that you find in children," she says. "No one has ever known what causes these defects." Defects they were able to create include transposition of the great vessels (responsible for 12 percent of neonatal congenital heart defects), tetralogy of Fallot, aorticopulmonary septal defects, persistant truncus and several other abnormalities. Control hearts, which had no cells removed, had no external or internal malformations.

Further research is needed, she says, to determine what interferes with the normal development and migration of neural crest cells. One possibility is that children may inherit abnormalities from their parents. "Now that we know that these cells are essential for the heart's development," says Kirby, "we may be able to predict whether babies in a particular family might be more liable to be born with heart malformations."

By altering or destroying neural crest cells, teratogens — agents affecting an embryo's development — may be implicated in congenital heart disease. If further research can determine what chemicals could damage these cells, it may be possible to identify substances which pregnant women should avoid, she says. "Hopefully, we can eliminate this kind of heart disease altogether. ■



Hotline

for drug information

by John Donnelly

"Hey, doc, a friend of my wife's gave her some of these pills when she wasn't feeling good a couple of weeks back but she decided not to take them. Can you tell me what they are?"

"We are currently giving the patient 120 milligrams of Diltiazem. He has had complications and we want to administer propranolol 1 milligram intravenously. Are there any interactions we should be aware of?"

"This is nurse Elway on 4-South. I'm running a 5 percent dextrose IV solution on a patient and want to know if it is all right to give him 5 milligrams of diazepam in the same line?"

"This is shock-trauma. We have a patient down here who is being placed on hemodialysis. He is currently receiving clindamycin and gentamicin. How should the dosage of these agents be adjusted?"

The answer to these questions and many more can be found by calling (404) 828-2887: the Drug Information Center at the Medical College of Georgia's Talmadge Hospital.

"On the average we get around 240 calls a month at the center," says Dr. Russell May, assistant director of the MCG Pharmacy and director of the Drug Information Center. "From the statistics we keep, we know that 80 percent of them come from inside the hospital and another 10 percent from physicians and pharmacists in the Augusta area. The majority of the calls come from physicians (35 percent) with nurses and pharmacists coming close behind that."

The majority of questions fielded by the Drug Information Center are therapeutic questions from physicians. "The physicians want to know what is considered the drug of choice in a given instance, what information we have on a newly marketed drug and what adverse reactions it may cause. We also get calls from local pharmacists, usually on questions they have been asked by physicians. If the subject is very in-depth, they can call us," May says.

The center is housed in an eleven foot by eleven foot room in the Pharmacy area on the second floor in the hospital's Sydenstricker wing. It holds one floor-to-ceiling, shelf-lined bookcase containing numerous books and journals on topics relating to drugs and drug applications. "We try not to duplicate the books or journals that are in the MCG Library;" May says, "they have a very good selection as well." The center also subscribes to *Clin-alert*, a newsletter which scans 300 medical journals for problems related to the administration of drugs.

In addition to these volumes, the room contains a drug filing system that holds journal article reprints and literature from pharmaceutical companies on new drugs. A microfiche system, called the Iowa Drug Information System, contains, in three desk drawers, over 170,000 journal articles on drugs. "This system is very, very important," May explains.

May came to MCG in 1981 and took over a Drug Information Center which had been in existence since 1975 "in one form or another," he says. According to Mary Wallace Johnson, director of the MCG Pharmacy, "Our pharmacists have always provided this type of information, but we had not had anyone on the staff who had been specifically trained in this area. The program is much more formalized now. I feel the Drug Information Center is one

of the most significant accomplishments that has been made since I've been here."

The program is a joint operation between the MCG Pharmacy and the University of Georgia College of Pharmacy, which has some faculty members at MCG. The College of Pharmacy also uses the MCG Pharmacy as a training ground for their undergraduate and doctor of pharmacy students. Currently the Drug Information Center is funded 75 percent by MCG and 25 percent by UGA.

The connection with UGA is also responsible for a portion of the final 10 percent of calls received by the center. These calls are from outside the local area, the majority from other locations within the state of Georgia.

"Many of the calls we get from around the state come from physicians or pharmacists who have done residencies at MCG and are aware of the center," May relates. "They have basically the same types of questions we get from local callers."

The remainder of the non-local calls are the result of a recently initiated joint effort of the Pharmacy and MCG's Department of Pharmacology. For several years, the Pharmacy has been publishing the *Drug Information Newsletter* for the physicians and staff of Talmadge Hospital. According to Dr. Armond Karow, professor in the Department of Pharmacology, "As the newsletter became more and more successful in-house, it became recognized as an important service and teaching tool for the physicians and housestaff."

In 1982, the Department of Pharmacology approached the Pharmacy with the idea of expanding the mailing list of the newsletter to include the college's medical alumni. "They (the Pharmacy) saw this as an opportunity to increase their readership and at the same time add our input to the editorial content," Karow says.

A sample issue was sent out with a questionnaire asking the physicians if they were interested in receiving such a drug newsletter. "Following the results of the survey, it was decided that the newsletter would be sent to the alumni," Karow relates. The sample issue also brought additional calls into the Drug Information Center.

The *Drug Information Newsletter* is not the only publication published by the Drug Information Center. *Monographs on . . . Drug Use in Surgery*, each issue of which discusses a specific topic related to drugs and surgery, is produced cooperatively between the Pharmacy and MCG's Department of Surgery for in-house personnel.

May's work with the Drug Information Center extends beyond the answering of calls and the editing of newsletters. "I work quite closely with the Pharmacy and Therapeutics Committee which decides which specific drugs are to be used in the hospital. The group also yearly publishes a *Formulary and Regulations Governing Drugs* handbook which establishes the therapeutic agents to be used by the hospital staff. The preface of the *Formulary* states, "The agents selected are those which, in the opinion of the Pharmacy and Therapeutics Committee, are of established value in the light of current medical opinion."

The committee meets every two months to discuss proposals from staff physicians to add drugs to the *Formulary*. The request is first forwarded to the Drug Information Center which reviews the literature on the drug under consideration to determine if there are any harmful side effects, what possible dosing advantages the drug may have and how the price compares to the agents presently used.

A report is then written and circulated to the committee members who vote on the drug at the next meeting. "We usually have between four and 10 drug requests to handle each time," May says.

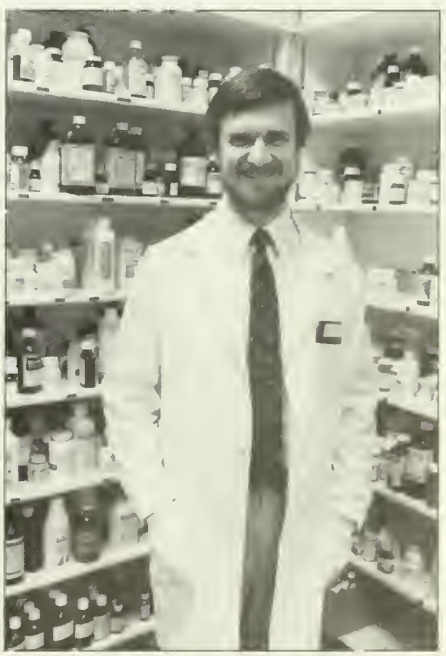
In addition to this responsibility, the Pharmacy and Therapeutics Committee monitors drug therapy and has set up a program to monitor drug interactions. "The committee also looks into ways to prevent drug interactions and manage them when they do occur," May relates.

May and the Drug Information Center personnel also work with the Medical Audit Committee. "One of the functions of this committee is to conduct audits on patients' drug therapies to see if the audited drug is being used appropriately and in a cost-effective manner," May says. "The committee develops drug audit criteria: what are the reasons for using the drug, how should the drug be monitored and how should it be dosed. Then we pull the charts on the patients who receive the drugs and see how well they match the criteria."

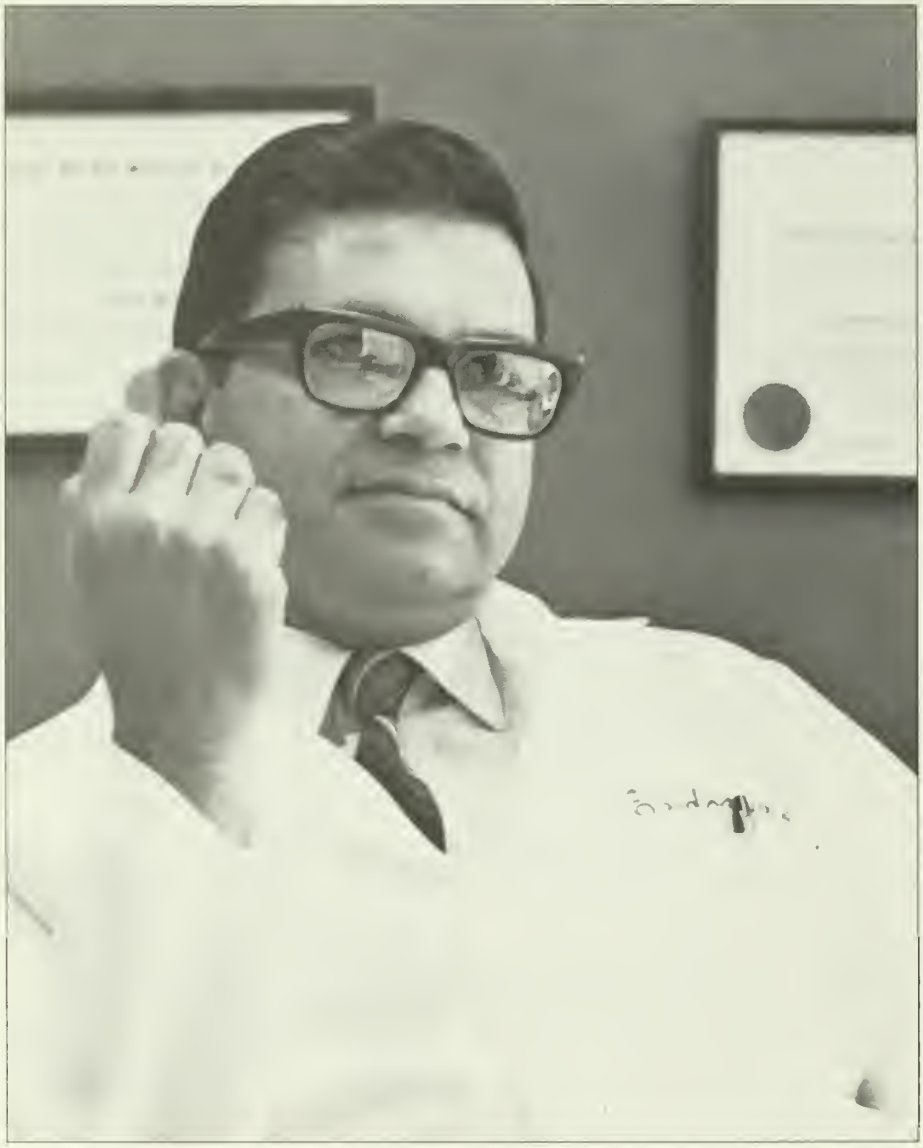
As if all this was not enough, May combines another of his interests with his work at the Drug Information Center. "I have always been interested in emergency medicine," he says. "I became involved with it while I was in pharmacy school and have maintained my interest. One evening after I came to MCG, I got a call from the shock-trauma unit asking when was the best time to draw peak and trough aminoglycoside serum levels. I went down to the unit to discuss the answer with the trauma team. They asked if I could make rounds in the unit on a regular basis. This way the housestaff is exposed to me and can see what the pharmacy has to offer them."

The Drug Information Center's main purpose is to support other health professionals, Johnson says. "However, patients today really want to know what drugs they are taking. We have talked about the possibility of getting drug information to consumers in a way the medical staff would approve. At the present time, we do not publicize our services to the general public, however we do occasionally receive questions from the Augusta area."

The management of the Drug Information Center and its related duties keep May and his staff busy 24 hours a day. There are always questions to be answered, research to be done on a particular question or information on new drugs to be studied. "The center is the basis for all clinical pharmacy work," Johnson says. "Developing the center and working with the people in it is one of the most rewarding functions in the department." ■



Dr. Russell May



Dr. Mahesh & the population peril

by Julia Wilson

When the book "Cheaper by the Dozen"[1] highlighted the adventures of one family's twelve children in 1948, little could the authors know how great the cost of children would be in 1983, not only to a single family but to an entire world.

In less than half a century, world population has more than doubled, from two billion in 1935 to today's census of over 4.5 billion, according to Dr. Virendra B. Mahesh, chairman of the Department of Endocrinology and director of the Center for Population Studies at MCG. Recent estimates place world population in the year 2050 at 8.5 billion to 12.5 billion — the former if an effective population control program is implemented, the latter if world population trends continue at their present rate. According to the congressional study "World Population and Fertility Planning Technologies: the Next 20 Years,"[2] more than one billion people will be in their peak reproductive years (ages 15 to 29) during the next two decades.

Demand for energy, food, precious minerals and unpolluted air has been rising proportionally and a population that is increasing by 80 million per year will continue to strain these natural resources. Already, according to "Regulation of Human Fertility,"[3] it is estimated that at least 25 percent of the world population is starving and another 25 percent is receiving substandard nutrition.

According to Dr. Mahesh, the world population increase is not due to an increase in births, because the actual birth rate has gone down. Instead, life expectancy has risen. "The primary reason for the increase of longevity is better health care," he says. "What is happening is that as science and medicine advance, there is a reduction in infant mortality. We have the ability to control epidemics and move food resources to areas of famine. Natural disasters can be helped and sometimes prevented."

The growing population dilemma is expected to be felt more acutely in the less developed countries of the world. Almost 92 percent of future growth will occur in the developing world, states the congressional study, and Mahesh states one reason why: "If you go to a small village in Africa where there is no electricity and people are living in the wilderness and building their own huts, there is a need for a

large number of people in the family to sustain themselves. These people aren't paying for resources, so the benefits of a large family exceed the costs.

"On the other hand, in an urbanized setting, the real costs of children are felt more because everything must be bought."

Despite the difference in potential growth between developing and urbanized regions, however, urban areas provide their own special problems. "There are 222 million people now in the United States, and at the rate we are going our population should eventually stabilize at 325 million. Right now we have around 7 percent of the world's population, but our standard of living is so high that we use 15 to 20 percent of the world's energy and minerals," Mahesh says.

As world population grows, so does higher technology in the processing of food and energy resources. "Technology has made staggering progress," says Mahesh, "but we still have some very staggering problems." He feels that developing countries don't possess enough high technology to help combat their growing population, and that more developed countries such as the U. S. haven't realized their full technology potential. Solutions to these problems as well as to the population problem must be sought.

Yet, complex factors exist worldwide in addressing population control, he says. One is the distribution and availability of contraceptives. Another factor is education of people and their ability to use contraception and think about the world population problem. Other important factors are environmental and motivational in nature. Social components such as religious restrictions, status of women in a given society and the average age of marriage in a community can affect all attempts to regulate population.

According to "Politics of Contraception,"[4] China has reduced its fertility rate through state-sanctioned economic rewards and punishments for couples according to whether they stay within a recommended limit of children. Mahesh, however, does not view this as a viable worldwide solution: "I don't really know how, by our own (U. S.) standards of individual rights, this could be acceptable. I have a strong feeling that with proper education and availability of contraceptives people will decide for themselves without force."

The educational aspects of any population control program should not be underestimated. Population density is highest in less educated populations, says Mahesh, and he feels that the greatest impact so far on controlling population has been the recognition that there is a problem. More and more governments in less developed countries are realizing that the economic strides they are making won't matter unless their growing population can be controlled. Factors such as limited resources, food distribution problems, high rates of debilitating disease and shortages of educational facilities and work opportunities are obstacles to socioeconomic development in less developed countries, states the congressional study. Mahesh says that he feels that it is a responsibility of the more developed countries to provide leadership and use their expertise to help develop better contraceptives for worldwide use.

Mahesh, who received his Ph.D. in organic chemistry from Delhi University in India, was awarded the D.Phil. in physiology from Oxford University in England. He was instrumental in developing methods of measurement of steroid and polypeptide hormones circulating in the bloodstream, and has worked with Dr. Robert Greenblatt on problems related to hirsute women. His research interests include factors that regulate the menstrual cycle with an aim of developing better contraceptives as well as helping infertile women.

"We are personally most interested in carrying out research that would uncover important events in reproductive biology that would lend themselves to new contraceptives," he says. "Factors that control ovulation, spermatogenesis, fertilization and implantation can be studied in detail and we can discover mechanisms that control these events. Intervention in one of the critical steps could lead to development of better contraceptives."

To aid in this goal, the Center for Population Studies was formed at MCG in 1971 when Mahesh saw the need to develop a nucleus for reproductive research at MCG. The center is an administrative arrangement composed of faculty from the Department of Endocrinology, the section of Reproductive Endocrinology in Obstetrics/Gynecology and the section of Metabolic and Endocrine Diseases in the Department of Medicine. Emphasis is placed on research into the field of human reproduction, including the problems of infertile couples. Together, the groups hold joint seminars and research programs to promote campus-wide interest in human reproduction research.

The Center's emphasis is also placed on training as well as research. The Center holds a National Institutes of Health training grant designed to support graduate students working toward the Ph.D. in endocrinology with emphasis on reproductive biology. Presently at MCG there are eight graduate students, five postdoctoral trainees and four Ob/Gyn fellows working toward subspecialization in reproductive biology.

In addition, second-year medical students at MCG are exposed to the world population problem via "Endocrinology, Reproduction and Population" (ITD 530). The class addresses the enormity of the population problem and students are taught current methods of contraception and their scopes and limitations. They are also given an idea of current approaches to the development of new contraceptives.

The actual development of a new contraceptive is not arrived at quickly, says Mahesh; 15 to 20 years is the normal course of a new method from idea to reality. Part of the time lag is due to the Food and Drug Administration's cautious approach to approving any new medical treatment and Mahesh agrees with their stringent thoroughness. "No risk should be taken with human health," he says. At the same time, he continues, the FDA has "a tremendous amount of red tape which needs to be curtailed."

And quickly. Mahesh says that "some people who predict doomsday" believe that the world can't sustain a population of over 16 billion. Better contraceptives, coupled with an ongoing education program, will hopefully keep this prediction from ever being tested. ■

References:

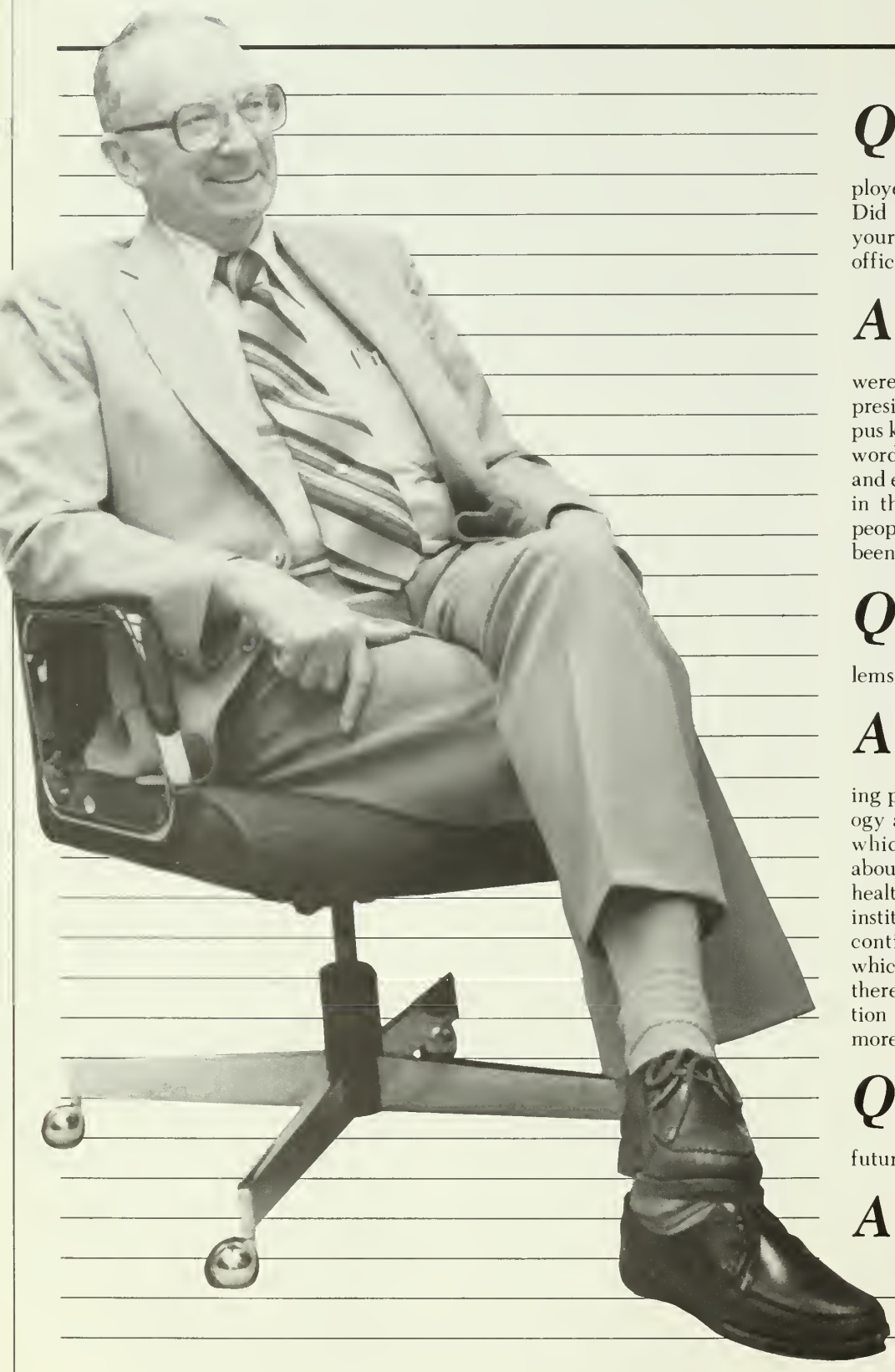
1 Frank Gilbreth Jr. and Ernestine Gilbreth Carey, **Cheaper by the Dozen** (Crowell, 1948).

2 Congress of the United States, Office of Technology Assessment, **World Population and Fertility Planning Technologies: the Next 20 Years** (February, 1982).

3 **Regulation of Human Fertility**, ed. K. S. Moghissi and T. N. Evans (Wayne State University Press, 1976).

4 Carl Djerassi, **The Politics of Contraception**, (W. W. Norton & Company, 1979).

Dr. O'Rear on his second presidency



Q. Dr. O'Rear, during your interim presidency you held conferences with deans, students, employees, and patients in the hospital. Did you have any particular goals for your second time in the president's office?

A. My main goal was to keep the institution moving, to make sure there was no lag period while we were awaiting the arrival of the new president, and to let everyone on campus know that I was interested: in other words, be visible. It's been an enjoyable and encouraging experience. The pride in the institution and the enthusiasm people have shown for their work have been very heartening.

Q. What changes have you observed in MCG since you were president in 1960-72? Any problems?

A. The biggest changes have been in the number of students and employees, the impressive building program, and advances in technology along with changes in health care which the technology has brought about. The problems are those of any health center: the change in the way the institution must be funded and in the continual change in the manner in which health services are given. While there is a greater emphasis on prevention and maintenance of good health, more must be done to reduce the cost.

Q. If you would look into your crystal ball for a moment, what trends do you foretell for the future of MCG?

A. I would predict greater uses of sophisticated technology as the store of biological knowledge in-

creases about the diagnosis and treatment of diseases. Diseases change with time. We must keep up with disease patterns and how to cope with them. I see increasing emphasis on preventive medicine and on self-care. But people will always need precise diagnosis and comprehensive treatment at institutions like this. Because of the new technologies, diagnosis and treatment may seem impersonal for those with serious disease, but counterbalancing this is the evolving primary care concept and practice in medicine, dentistry, nursing, and the allied health professions.

Q. How does the presidency of a medical college differ from the presidency of a four-year academic college?

A. Mainly we deal in a more limited academic, research, and service area. There are implications for facilities, faculty, and research. At an academic health sciences center we work toward better health for all people. Overall, however, both institutions have the goal of learning, acquiring knowledge, teaching, and providing services. In that sense they are the same.

Q. Have you had any feedback from alumni?

A. I've been impressed by the tremendous interest and support for MCG by alumni of all the schools. I have been to three alumni meetings — Savannah, Dalton, and Rome. The interest, enthusiasm, and willingness to help MCG reach its potential bodes well for the institution.

Q. Tell us about your family and your hobbies.

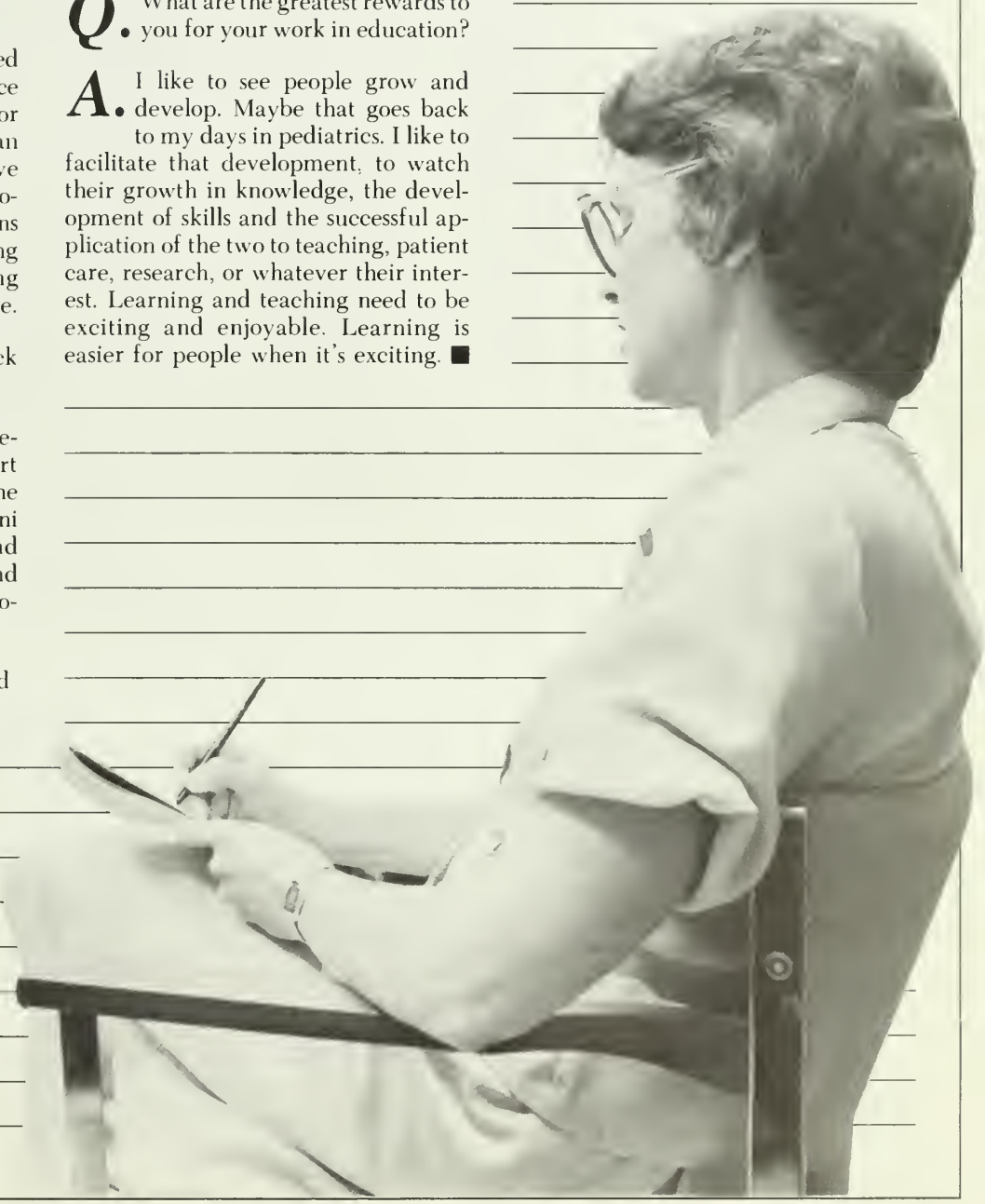
A. My wife works as a part-time nurse at Talmadge on Seven North. We have two children and three grandchildren. My son lives in this area, and my daughter is in nursing school in Alabama. Backpacking, photography, ham radio, and microcomputers are my main hobbies.

Q. What are your regular duties as Vice Chancellor for Health Affairs for the Board of Regents?

A. I provide a general overview of the health professions education programs in units of the University System. Twenty-eight units now have health professions programs.

Q. What are the greatest rewards to you for your work in education?

A. I like to see people grow and develop. Maybe that goes back to my days in pediatrics. I like to facilitate that development, to watch their growth in knowledge, the development of skills and the successful application of the two to teaching, patient care, research, or whatever their interest. Learning and teaching need to be exciting and enjoyable. Learning is easier for people when it's exciting. ■



Alumni News

MCG Alumni Urged to Return Questionnaires for Directory

All MCG alumni should have received a request recently for the essential information required to assure complete data in the new alumni directory tentatively scheduled for release in September of 1984.

"This will be the first alumni directory in MCG history which includes all graduates from all five schools," said James C. Austin, director of Institutional Relations.

Publication of the directory will be handled by Harris Publishing Company of White Plains, New York. This company will compile, edit, distribute and bill for the volume produced. Most of the cost of this historic volume will be absorbed by Harris Publishing, and covered through individual book sales to MCG alumni only. No other commercial use of this information will be permitted.

During the next several months alumni will be contacted by telephone for verification of information to be printed in the directory. At that time, and at that time only, they will be asked if they wish to purchase a copy. The number of directories actually printed will be based on the number of advance orders received via telephone.

Alumni who do not return questionnaires, and who are not reached by telephone by the Harris firm will be listed in the directory with their last known addresses and information found in their MCG alumni records. If you have not received your questionnaire, or if you do not wish to appear in the directory, please notify MCG in writing at the following address:

MCG Alumni House
Augusta, Georgia 30912

The directory will be divided into four major sections. The main body of the volume will be an alphabetical listing of all MCG alumni since the first students graduated in 1833. The second section will consist of individual class listings for each school. The third part will be a listing of all alumni who list a specialty, by their specialties. Finally, alumni will be indexed by city, state, and nation. ■

"Take stock" in medical education

by Bruce Howerton

Each year, a number of donors make gifts to the Medical College of Georgia Foundation, Inc. in the form of common stocks. In light of this year's advance in the Dow Jones Industrial Average and many other market indices, many of our annual supporters may want to consider using common stocks as a charitable device. The purpose of this article is to inform the reader of the advantages of a gift of stock, the tax aspects, and the process of making the gift.

A charitable contribution of appreciated long-term securities probably produces the greatest tax benefits to a donor, since no gain is realized upon making the donation, and the donor is generally allowed a charitable deduction for the fair market value of the security on the date of gift. Example: Dr. Smith owns 100 shares of JBF stock purchased in 1978 for $6 per share with a current market value of $36 per share. Dr. Smith has an unrealized gain in these securities of $3,000 which would be subject to capital gains tax should he sell. The Internal Revenue Code calls for a taxation on 40 percent of the gain on property held for more than a year. Assuming Dr. Smith is taxed in the 50 percent bracket, his tax would be $600.

If Dr. Smith is considering a gift to the MCG Foundation these shares would be ideal. The long-term capital gains tax ($600) would be avoided plus he would receive a tax deduction on the fair market value of $3600 rather than his cost of $600. Remember the charitable deduction at fair market value is limited to only those properties which have been held long term. If the property had been held for a year or less, the charitable deduction would be limited to the donor's cost basis.

Appreciated securities present no problems to the college since it is a tax-exempt organization. The Foundation may decide to sell the securities without having to pay the capital gains tax.

Valuation at fair market value determines the charitable deduction. If there is a recognized market for the issue, the average of the highest and lowest price on the date of gift gives this value. Average between bid and asked price is the common practice for over-the-counter stocks. If a donor owns closely held stock for which there is no general market, the evaluation process is more difficult, but nonetheless can be determined by appropriate financial counsel.

A consideration when contemplating a gift of stock is that the date of gift is subject to strict rules. This is particularly important when year-end considerations are present. According to the *Charitable Giving Tax Service*, "If a donor unconditionally delivers or mails a properly endorsed stock certificate to a charitable organization or the organization's agent, there is a completed gift on the date of delivery or mailing. However, if the donor delivers the stock certificate to his bank or broker as the donor's agent, or to the issuing corporation or its agent, the gift is completed when the stock is transferred on the books of the corporation."

If the stock is held in "street name" by a brokerage firm, the donor needs to instruct the broker in writing to transfer the stock into the college's account. The Georgia Railroad Bank & Trust Co. acts as the Foundation's agent and maintains accounts with most major brokerage firms. Your broker will be helpful in assisting you with your gift.

As with all financial decisions, you should seek advice from your own legal and financial counselors. If you have further questions about gifts of stock or other properties to the Medical College of Georgia Foundation, Inc., please call the Development staff at (404) 828-2515. ■

The 1982-83 Bench Mark

July 1, 1982 through June 30, 1983

Each year donor support for the Medical College of Georgia grows stronger. The 1982-83 year was no exception. Members of the special giving clubs, including MCG alumni, faculty and friends, provided critically important support to the Annual Fund and to special projects.

We are now well into the 1983-84 Annual Fund year. This Bench Mark publication is a special thank-you for all of those who gave last year. It is also a special request for continued help. Please send all inquiries to: Coordinator, The Special Giving Clubs, MCG EA-100, Augusta, Georgia 30912.

The Presidents Club

Each member of The Presidents Club has personally or through an organization, contributed or pledged $50,000 or more to MCG through the MCG Foundation.

The following list (as of June 30, 1983) honors those who have shown unselfish generosity and genuine concern for the betterment of education at MCG:

Mr. Gerry H. Achenbach
and Mrs. Sara Dean Achenbach
Vidalia, Georgia

Dr. Russell A. Acree
and Mrs. Lucilla Reigans Acree
Adel, Georgia

Mr. John B. Amos
and Mrs. Elena Amos
Columbus, Georgia

Mr. William L. Amos Sr.
and Mrs. Olivia Amos
Columbus, Georgia

Dr. William Lawrence Barton
Macon, Georgia

The Mary Allen Lindsey Branan Foundation
Represented by Mr. Arthur Baxter,
Executive Secretary
and Mrs. Virginia Baxter
Atlanta, Georgia

Dr. W. Herman Brooks
and Mrs. Estelle Brooks
Waleska, Georgia

Callaway Foundation, Inc.
Represented by Mr. J. T. Gresham,
General Manager
and Mrs. Marcine M. Gresham
LaGrange, Georgia

Mr. Roscoe Coleman
and Mrs. Nell Coleman
Hephzibah, Georgia

Dr. W. Stewart Flanagin
and Mrs. Lillian Flanagin
Augusta, Georgia

The Georgia Academy of Family Physicians
Represented this year by
Dr. John Ed Fowler,
President
and Mrs. Elizabeth Fowler
Clayton, Georgia

The Georgia Railroad Bank and Trust Company
Represented by Mr. Charles Presley,
Chairman of the Board
and Mrs. Jane Presley
Augusta, Georgia

Dr. Marvin C. Goldstein
and Mrs. Rita Goldstein
Atlanta, Georgia

Ms. E. Louise Grant,
Dean Emeritus
MCG School of Nursing
Augusta, Georgia

Dr. Robert Benjamin Greenblatt
and Mrs. Gwenith Lande Greenblatt
Augusta, Georgia

Mr. John C. Hagler III
and Dr. Mary Anne Tyler Hagler
Augusta, Georgia

Dr. J. Harold Harrison
Atlanta, Georgia

Dr. Virendra B. Mahesh
and Mrs. Sushila K. Mahesh
Augusta, Georgia

Mr. Grover Cleveland Maxwell
(deceased)
and Mrs. Corrie Ann Maxwell
Augusta, Georgia

Mrs. Lillie Mae Glover Mealing
North Augusta, South Carolina

Dr. Jerry G. Purvis
and Mrs. June Purvis
Valdosta, Georgia

Dr. Asbury Clark Robinson
and Mrs. Noma Louise Robinson
Douglasville, Georgia

Mrs. Mildred T. Stevens
Macon, Georgia

Dr. Joseph McCain Still Jr.
and Mrs. Susan H. Still
Augusta, Georgia

Mrs. Amy G. Warren
Glen Rock, New Jersey

Ex Officio

Dr. Harry B. O'Rear,
Vice Chancellor for Health Affairs and Interim President
and Mrs. Charlotte O'Rear
Augusta, Georgia

Dr. William H. Moretz,
President Emeritus
and Mrs. Laura Moretz
Augusta, Georgia

Dr. Jesse L. Steinfeld,
President
and Mrs. Gen S. Steinfeld
Augusta, Georgia

The Founders Club

Each member of The Founders Club is an individual (no organizations) who has personally contributed or pledged $10,000 or more through the MCG Foundation. The following list honors this distinguished group which is committed to excellence in education, research and service at MCG:

Mr. Walter Clay Adamson Jr.
and Mrs. Darcel Adamson
Augusta, Georgia

Dr. Raymond P. Ahlquist
(deceased)
and Mrs. Dorotha D. Ahlquist
Augusta, Georgia

Dr. Marshall B. Allen Jr.
and Mrs. Dorothy H. Allen
Augusta, Georgia

Dr. W. Jackson Atha Jr.
and Mrs. Vivian B. Atha
Rome, Georgia

Dr. Mims Crowell Aultman
Washington, D. C.

Mr. Jack Bandy
and Mrs. Sarah Agnes (Aggie) Bandy
Dalton, Georgia

Dr. Wayne D. Beveridge
and Mrs. Kristina M. Beveridge
Augusta, Georgia

Dr. Clarence C. Butler
and Mrs. Sarah Turner Butler
Columbus, Georgia

Mr. Cassius M. Clay
and Mrs. Joan H. Clay
Augusta, Georgia

Mr. James A. Crockett
and Mrs. Willie Ewing Crockett
Vidalia, Georgia

Dr. H. Gordon Davis Jr.
and Mrs. Francis Marion Davis
Sylvester, Georgia

Dr. Harry Eugene Dawson Sr.
Shannon, Georgia

Dr. Taher Abdel M. El Gammal
Augusta, Georgia

Dr. Linda A. Ellis
and Mr. Charles H. Ellis
Beech Island, South Carolina

Dr. Herman F. Flanigin
and Mrs. Thelma T. Flanigin
Augusta, Georgia

Mr. Eugene Fleischer
and Mrs. Lucille Fleischer
Augusta, Georgia

Dr. A. McGowen Freeman Jr.
and Mrs. Helen Freeman
Albany, Georgia

Mr. Abraham A. Friedman
and Mrs. Betty Friedman
Augusta, Georgia

Dr. R. Donald Gambrell Jr.
and Mrs. Caroline Gambrell
Augusta, Georgia

Dr. Donald Davis Gold
and Mrs. Wilma Lee (Billie) Gold
(deceased)
Vero Beach, Florida

Dr. Curtis Gordon Hames
and Mrs. Betty Hames
Claxton, Georgia

Dr. Billy Starr Hardman
and Mrs. Estelle Hardman
Gainesville, Georgia

Dr. Milford Burriss Hatcher
and Mrs. Marion Hatcher
Macon, Georgia

Sen. R. Eugene Holley
and Mrs. Louise R. Holley
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Dr. Gordon Walker Jackson
and Mrs. Virginia Jackson
Macon, Georgia

Dr. Floyd Chapel Jarrell Jr.
and Mrs. Jody Jarrell
Columbus, Georgia

Dr. Lawson C. Johnson
and Mrs. Sara Elaine Johnson
Miami, Florida

Dr. John Paul Jones
and Mrs. Edna Jones
Macon, Georgia

Dr. James F. Langford
and Mrs. Dorothy Langford
Roswell, Georgia

Dr. E. James McCranie
and Dr. Martha Smith McCranie
Augusta, Georgia

Dr. Virgle W. McEver Jr.
and Mrs. Amelia C. McEver
Warner Robins, Georgia

Mr. William S. Morris III
and Mrs. Mary (Sissy) Morris
Augusta, Georgia

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The Aesculapius Club

Members of The Aesculapius Club contribute $250 or more each year. The Aesculapius Club year begins on July 1 of each year. Programs supported by this group are primarily those which cannot be funded by governmental sources, or those which suffer serious consequences due to delayed funding. Aesculapius Club members receive a handsome walnut desk case inlaid with brass initially, and special add-ons are presented for each year thereafter.

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The Associates are recent graduates of the Medical College of Georgia. The membership fee is $50 to $99 per fiscal year. This may be recouped almost entirely by participation in MCG continuing education programs. Eligibility expires five years from the date of graduation. Further information can be obtained by writing to: The Aesculapius Club, MCG Alumni House, Augusta, Georgia 30912.

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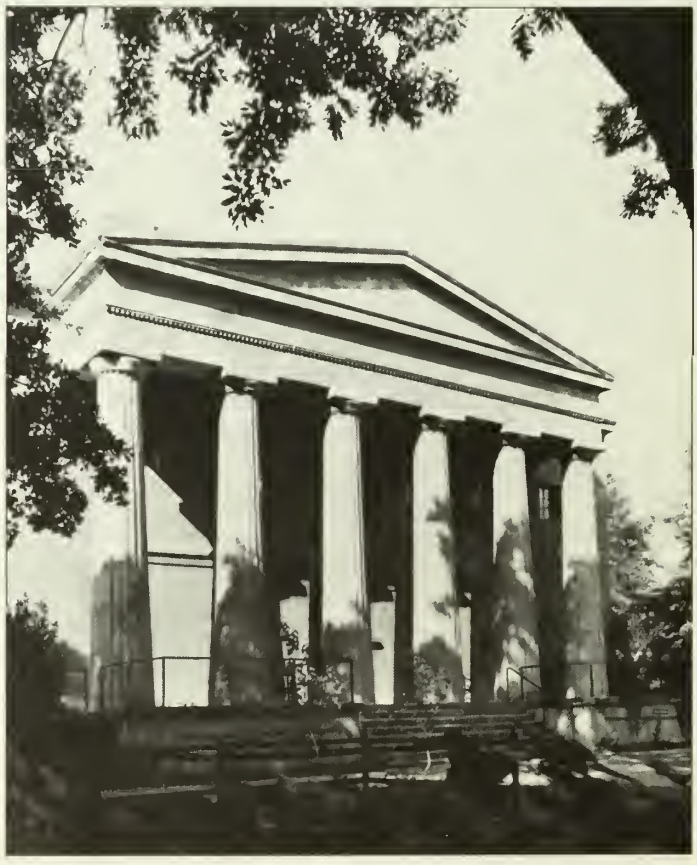

THE CENTURY CLUB

Members of The Century Club contribute $100 or more each year. Like The Aesculapius Club, it begins on July 1 of each year. Century Club members are striving to provide greater educational opportunities for students of the present generation and for those who will follow. Century Club members receive a handsome walnut and brass wall plaque initially, and special add-ons for each year thereafter.

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Apologia

Every effort has been made to verify the accuracy of this 1982-83 edition of the *Bench Mark*. If errors are found, however, we would like to request prompt notification to: MCG Donor Information Office, EA-100, Augusta, Georgia 30912. We wish to apologize for any inconvenience caused.

It is the goal of the *Bench Mark* to give a special "thank you" to every donor who contributed between July 1, 1982, and June 30, 1983, and particularly to those who qualified for membership in a special giving club. Every gift, regardless of size, is sincerely appreciated.

CLASS NOTES

SCHOOL OF ALLIED HEALTH SCIENCES

Department of Associated Dental Sciences

Michele Mittleman Goodman, '73, Long Beach, CA, and husband, Chad, wish to announce the birth of their son, Gabriel Sean, on April 29, 1983. Until her son's birth, Michele was active in two periodontal practices, using the expanded duties acquired in California.

Nancy LaGravinese Goodwin, '80, Athens, and husband, Robert, were married in December, 1982. Nancy is a practicing hygienist in private practice and Robert is a teacher.

Department of Medical Record Administration

Barbara H. Harms, '70, Augusta, retired June 30, 1983, from the Department of Medical Record Administration at MCG. She received the first Juanita Sirmans Award for Outstanding Achievement in Medical Record Administration for Faculty, and the Distinguished Service Award from the School of Allied Health Sciences. Before her retirement, she was awarded the title Associate Professor Emerita.

Emmie Phillips Nerney, '71, Waynesville, NC, gave birth to her fourth child in April, 1982. She is working in her husband's ophthalmology practice.

Juanita Hunt, '73, Grovetown, is the director of medical records at the Augusta Correctional and Medical Facility.

Kathryn L. Johnson, '75, Atlanta, graduated from the University of Georgia School of Law in June, 1983. She is an associate attorney with Bovis, Kyle, and Burch.

Sara Jean Rogers, '75, Montgomery, AL, is director of the Alabama Professional Activity Study, Alabama Hospital Association. She received a master's degree in education in March, 1983.

Flo Bacon, '78, Atlanta, married Cliff Miller, March 27, 1982. She is with the medical record department at Grady Memorial Hospital.

Susie Bandrofchek, '78, Petersburg, VA, is the director of medical records at Central State Hospital.

Barbara Kelly Davidson, '78, West Haven, CT, is director of medical information services at the VA Medical Center.

Judy Griffith, '78, Augusta, is an instructor in medical record administration at MCG, and is working to complete her master's degree at Augusta College.

Margie Haslam, '78, is director of medical records at the North Florida Evaluation and Treatment Center, Gainesville, FL. She is the president of the Sunshine Medical Record Association.

Robert Honeck, '78, Seattle, WA, is the director of medical information services at the VA Medical Center.

Elise Echols Johnston, '78, Gainesville, is director of medical records at Lanier Park Hospital.

Mindy Nicholson, '78, Cincinnati, OH, is the director of medical records at the Jewish Hospital of Cincinnati.

Setona D. Page, '78, Savannah, has received her master's degree in Health Science.

Susan Kelly Schaffer, '78, Augusta, is a consultant at the Georgia Regional Hospital.

Connie Smith, '78, Augusta, is Health Data Analyst for the Maternal/Fetal Medicine section of the department of ob-gyn at ETMH.

Lynne Thomas, '78, Atlanta, is director of medical records at Piedmont Hospital.

Beth Williams, '78, Richlands, VA, is assistant director of medical records at Clinch Valley Community Hospital.

Susan Pinson, '79, Greenville, SC, is associate director of medical records at the Greenville Hospital System.

Jackie Caruthers, '82, Grovetown, is assistant director of medical records at the Augusta Correctional and Medical Facility.

Melissa Henshaw Jarriel, '82, Atlanta, is assistant director of medical records at the Henrietta Egleston Hospital for Children.

Mary Ruth Hill, '82, Augusta, married Hugh Hamilton on April 16, 1983.

Susan Bell, '83, Albany, is QA coordinator of medical records at Palmyra Hospital.

Renee Boswell, '83, Statesboro, is director of medical records at Bulloch County Hospital.

Linda Finnie, '83, Columbia, SC, is working in medical records at the Baptist Medical Center of Columbia.

Charlotte Jiles, '83, Milledgeville, is working in the medical record department at Central State Hospital.

Lisa Johnson, '83, Augusta, is working in medical records at the Savannah River Plant, Aiken, SC.

Cathy Scott, '83, Augusta, is working in the medical records department at the Savannah River Plant, Aiken, SC.

Lib Sewell, '83, Rome, is working in medical records at Floyd Medical Center.

Margie Wiggins, '83, Augusta, is Coding and Discharge Analyst in medical records at University Hospital.

Department of Occupational Therapy

Rosellen Becker Ryals, '80, Johnson City, TN, and husband, Jim, have one son, Michael, 1. Rosellen is director of occupational therapy services and Jim is working in the emergency room at Johnson City Medical Center Hospital.

Department of Physical Therapy

Vicky L. Saliba, '77, Mill Valley, CA, and husband, Gregory Johnson, are the proud parents of a beautiful baby boy, Ryan Scott Johnson, born March 31, 1983.

Department of Physician's Assistant

Jan Stapleton Simmons, '76, Rock Island, TN, and husband, the Rev. Douglas T. Simmons, announce the birth of their daughter, Ansley Elizabeth, June 11, 1982. Jan plans to return to work as a physician's assistant in surgery at White County Community Hospital, Sparta, TN. Her sister, Fay Stapleton, will graduate from the MCG School of Dentistry in June, 1984.

Charles H. Boone, '80, Austell, is married to Elizabeth Moore. He is working in cardio/thoracic surgery, Emory.

Department of Radiologic Technology

Jo Ann P. Mimbs, '76, Dublin, is assistant chief of the radiology department at Fairview Park Hospital. She and her husband, Gary, have two sons, Lee, 2, and Payton, 10 months.

SCHOOL OF DENTISTRY

Stanley D. Satterfield, '77, Athens, became a diplomate of the American Board of Oral and Maxillofacial Surgery. He and his wife, Tracey, have one daughter, Stephanie, 20 months.

Joe Hair, '82, Austell, entered private practice in June, 1983.

CLASS NOTES

SCHOOL OF MEDICINE

Jesse O. Quillian, '49, Chattanooga, TN, has completed continuing education requirements to retain active membership in the American Academy of Family Physicians.

Jerome H. Siegel, '60, New York, NY, is president of the New York Society of Gastrointestinal Endoscopy, a member of the board of directors of the New York County Medical Society, and committee chairman of the American College of Gastroenterology.

Samuel M. Goodrich, '61, Milledgeville, has been elected to membership in the Southern Gynecological and Obstetrical Society. He and his wife, Ellen, wish to announce the birth of their fourth child, Rachel Leigh, born on July 28, 1983.

Jabez O. Marshall, '69, Odessa, TX, is practicing Ob-Gyn. His wife, Nola, is an attorney and judge of Ector County. The Marshalls are proud to announce the birth of a son, Travis Austin Marshall, born May 13, 1983.

Miles H. Mason III, '72, Duluth, was initiated into the American College of Surgeons, October, 1982. He is chief of staff of the Gwinnett County Hospital System. The Mason's third child, Miles H. Mason, IV, was born March 20, 1983.

Charles G. Howell, '73, Augusta, has been elected to Fellowship in the American Academy of Pediatrics. He is assistant professor of pediatric surgery and pediatrics at MCG.

Hugh Greenway, '74, San Diego, CA, is head of dermatologic surgery and oncology at the naval hospital, and director of the chemosurgery unit at Scripps Clinic and Research Foundation.

Christopher A. Petersen, '76, is a certified specialist in psychiatry by the American Board of Psychiatry and Neurology. He is a clinical assistant professor in the Department of Psychiatry and the Department of Pediatrics with the University of North Carolina at Chapel Hill. He is also continuing his work with Mecklenburg County Mental Health Services as a child and adolescent psychiatrist.

John McCord, '77, Rome, completed a one-year internship and four-year orthopedic residency at the Greenville Hospital System, Greenville, SC, and has joined in an orthopedic partnership in his hometown.

F. Stanley Jones, '78, Sicily, Italy, is Lieutenant Commander and the Senior Medical Officer of the NRMC Branch Hospital, Sigonella Naval Air Station.

Bothwell G. Lee, '78, Boston, MA, completed his internship in general surgery at Johns Hopkins Hospital, Baltimore, MD, and is working on his residency in neurosurgery at Massachusetts General Hospital. He is a member of the Harvard Club of Boston and the Beacon Hill Civic Association.

William C. Mobley, '78, Davenport, Iowa, began private practice with Urological Associates, P.C., on July 1, 1983.

Irving M. Pike, '78, Virginia Beach, VA, completed a gastroenterology fellowship in Dallas. On July 1, 1983, he began his practice of gastroenterology in Virginia Beach.

Delinda Terry, '79, Mt. Pleasant, SC, completed a residency program in ob-gyn at the Medical University of South Carolina, Charleston, and now plans to enter private practice. She holds membership in Alpha Omega Alpha medical honor fraternity and is recipient of the Thegas Award for outstanding research papers in 1982 and 1983.

Milton B. Ellis, '80, Ft. Lewis, WA, is completing his fourth year of otolaryngology residency. He has one daughter, Sayre Elizabeth Joy, 1.

Greg L. Jones, '80, Anniston, AL, completed his residency in Family Practice in March, 1983, and is assistant director of Anniston Family Practice Residency.

Mark Pritcher, '80, Knoxville, TN, began his practice in family practice with the Norwood Clinic, July, 1983.

William G. Sutlive III, '80, Atlanta, is presently working for Med First. His wife, **Ann Cokis,** PT, '78, has retired temporarily to raise their two sons, Bryan, 2, and Benjamin, 10 months.

David Addiss, '81, and **John Harkess,** '82, Needley, CA, made two successful summit ascents in the High Sierra of California in June, 1983.

G. David Gowder, III, '81, Blairsville, completed his family practice residency at Floyd Medical Center, Rome, and has entered the practice of family medicine with his father, **George D. Gowder, Jr.,** '55.

SCHOOL OF NURSING

Marty Weaver Sacksteder, '73, Louisville, KY, past president of the School of Nursing Alumni Association, moved with her husband, Bill, and daughter, Amy, 4, to Kentucky in June, 1983.

Theda Suzanne Lloyd, '80, Louisville, KY, received a master of Religious Education from The Southern Baptist Theological Seminary, in May, 1983.

Major Dorothy J. Srembo, '79, San Francisco, CA, is in Seoul, Korea for a one year assignment with the United States Army.

Sherry Reed, '80, Birmingham, AL, is enrolled in anesthesia in the Nursing Department, University of Alabama.

Janet E. Ritch, '81, Augusta, graduated from Augusta College with a bachelor of arts degree in Psychology, June, 1983.

DEATHS

Marcellus G. Whitlock, '10, Trenton, SC
Oscar H. Clements, '32, Chattanooga, TN
Oscar H. Lott, '35, Douglas
Harry J. Portman, '35, Savannah
Emanuel F. Rosen, '35, Savannah
Alexander J. Feder, '36, Hammond, LA
John P. Howard, Jr., '46, Chicago, IL
Robert H. Mabry, III, '79, Stuart, FL
Thomas N. Davis, '53, Irwinton
Randall E. Couch, '60, Watkinsville
Steven Mosher Wing, Jr., '74, Gainesville
James T. Lowe, '69, Macon
Loree Florence, '26, Athens
William F. Garrard, '71, San Francisco, CA
John Rice Hudson, '81, Beirut, Lebanon

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